

CAP-MR/DD Service Definition

Title: **Crisis Respite (NEW)**

Service Definition:

Crisis Respite is a short term service designed for the participant experiencing a crisis for which a period of structured support and/or programming is required. Crisis Respite may be used when dangerous or potentially life threatening behaviors are occurring and implementation of formal behavior intervention programs have failed to stabilize the behaviors and/or all other approaches to insure health and safety have failed. In addition, the service may be used as a planned respite stay for waiver participants who are unable to access regular respite due to the nature of their dangerous or potentially life threatening behaviors. The service takes place in a licensed respite home.

Service Limitation:

- Crisis Respite may only be authorized for up to 30 calendar days per plan year.
- Private home respite services serving individuals are subject to licensure under GS 122C.
- Crisis Respite is as 24 hour a day service.

Staff Qualifications:

- Must meet the requirements of a para-professional in 10A NCAC 27G .0100-.0200 AND
 - Have experience in the field of developmental disabilities of at least one year AND,
 - Completed a training course in NCI or similar behavioral intervention training that addresses a broad range of interventions from positive reinforcement to physical intervention techniques with successful completion of a learning assessment at the conclusion of the course, AND,
 - Be supervised by a qualified professional at the bachelor level in 10A NCAC 27G .0100-.0200 who has completed a training course in NCI or similar behavioral intervention training that addresses a broad range of interventions from positive reinforcement to physical intervention techniques with successful completion of a learning assessment at the conclusion of the course.
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- Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200
 - Have a high school diploma or GED
 - Staff must meet client specific competencies as identified by the individual's person-centered planning team and documented in the plan of care.
 - Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
 - Paraprofessionals providing must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.
 - Must have a criminal record check

- A healthcare registry check is required as required in accordance with 10A NCAC 27G.0200
- If providing transportation, have a valid North Carolina driver's license and a safe driving record and has an acceptable level of automobile liability insurance.

Documentation:

Crisis Respite will be documented by a service note. Service notes shall include, but not be limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of consumer's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service

A service note that reflects the elements noted above shall be documented at least daily per service by the individual who provided the service.

The completion of a service note to reflect services provided shall be documented within 24 working hours.

Provider Qualifications:

Crisis Respite Providers must be delivered by practitioners employed by, or under contract with mental health, developmental disabilities or substance abuse provider organizations that:

- meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within two years of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards. This includes national accreditation within the prescribed timeframe.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.